



Mental Health Matters

A Monthly Newsletter from Atlantic Behavioral Health

MENTAL HEALTH AWARENESS | October 2023

What Is ANXIETY? - The More We Know the Less Scary It Becomes!

Have you noticed that things seem scary out there? October is for Halloween, ghosts and goblins and things that go bump in the night! And let's not forget the candy corn!

It's not your imagination, Americans, and the world in general seem to be getting more anxious. We are worried about inflation, COVID, the climate, unrest at home and abroad, not to mention managing our own families and jobs.

Studies have shown that the rate of anxiety has been on the rise. Here are some statistics:

- An estimated 31.1% of US adults experience any anxiety disorder at some time in their lives.
[NIMH » Any Anxiety Disorder \(nih.gov\)](#)
- 9.4% of children ages 3-17 years (approximately 5.8 million) had been diagnosed with anxiety from 2016-2019.
[NIMH » Any Anxiety Disorder \(nih.gov\)](#)
- 4.4% of children aged 3-17 years (approximately 2.7 million) have diagnosed depression from 2016-2019.
[NIMH » Any Anxiety Disorder \(nih.gov\)](#)

What is Anxiety? Concern, worry, and nervousness are common human emotions and are designed to help us be alert and prepared for uncertainty or new situations. But when these feelings persist, we can overload our nervous system. When threats and dangers are continually perceived even when they are not actually present or accurate, it can develop into a mental health concern or diagnosis. This can interfere with performing our jobs and prevent us from enjoying life.

Here Are Several Anxiety Diagnoses:

- Generalized Anxiety Disorder (GAD)
- Panic Disorder
- Social Anxiety
- Phobias

While anyone can become anxious on occasion, there are some risk factors that can contribute to possibly developing an anxiety disorder. Having a biological family history of anxiety, shyness, or exposure to negative or extreme environmental events can contribute to anxiety.

[NIMH » Any Anxiety Disorder \(nih.gov\)](#)

Common Symptoms of Anxiety:

If you have ever felt a tension in your body, a flutter in your belly or feeling of dread, it might be a Halloween goblin, or you might be feeling anxiety.

It is important to check with your **medical provider** if these symptoms persist:

- Pounding or racing heart
- Sweating
- Trembling or tingling
- Chest pain
- Feelings of impending doom
- Feelings of being out of control

But if there are no medical concerns, those feelings could be your body signalling worry and fear. We all have a nervous system that is designed to warn us if we are in danger. This is called the fight-flight-freeze response. It is part of our survival instincts. This can become a problem if we are constantly in this heightened state even if there is no actual danger. While this can be fun if we are at a scary movie or the haunted house, ongoing anxiety can have a significant impact on our lives. It can take 20 to 60 minutes for the body to return to normal after a stress response is activated.

How Do We Treat It?

While all this can seem scary, there is help! Learning about anxiety and what you can do about it is the first step. Common treatment for anxiety often starts with your primary health provider who can provide you with information and rule out any other medical concerns. You might benefit from mental health treatments such as:

- Cognitive Behavioural Therapy (CBT)
- Acceptance and commitment therapy (ACT)
- Medications
- Support groups
- Stress management skills
- Mindfulness and Yoga

What You Can Do:

It is human nature to move away from things that are uncomfortable, and anxiety is uncomfortable. Unfortunately, the more we avoid the uncomfortable, the bigger a problem it can become. So, what can we do when anxiety gets uncomfortable?

- **Confirm that there is not a medical condition contributing to the sensations of anxiety.**
- **Check your routines.** If we are not sleeping well, have gotten off track with your eating habits or lost contact with loved ones and friends, your inner radar may be sending some warning signs that show up as anxiety. This is a good time to get back to basics. Put in place some good **sleep hygiene** routines, try doing some **meal prep** and **reach out to a trusted friend**. You might be surprised to find the feelings of anxiety become more manageable.
- **Take an inventory** of changes, losses, and difficulties you might be facing. If you are going through a tough time, taking stock can validate and help you begin to make some small changes that can help.
- **Get comfortable with the uncomfortable.** This means learning about how you experience anxiety. *Where do you feel anxiety in your body? What situations seem to bring up those sensations? What are you telling yourself when you feel these sensations?* Becoming a good student of your anxiety experience will help you take charge of it going forward.

Have a few stress busters in your “trick or treat” bag.

Try some of these next time you start to notice anxiety creeping up:

- **Slow, conscious breathing can be the fastest route to lowering anxiety.** Try taking a quick deep breath and a long slow exhale. Do this four times and check in to see how you are feeling.
- **Healthy distractions can help.** Doodling or drawing, singing a song, talking a walk. Try making a list of healthy distractions to refer to next time you feel anxiety coming on.
- **Try writing down your worries.** It helps to get the thoughts out of your head and onto paper. Once you see them in writing, you might be surprised to find that they are not as scary as when they are haunting your mind. It will also help you think more clearly to solve the problems that really need your attention.

Here are some resilience building messages to help you face the ghosts and goblins in your life:

- **I can cope with most things; I have some control over things that happen to me, and I can accept things that can't be changed.**
- **Mistakes are OK; they are lessons teaching us what could be different next time.**
- **Set realistic goals and maintain a hopeful outlook.**
- **Praise your effort even if the desired result isn't met.**
- **Appreciation exercises—at the end of the day (or when applicable), talk about three things that you appreciate about your day.**

[Expanding the "Window of Tolerance" | Psychology Today](#)



The Masks We Wear

By Adam Silberman, MD

"If you hear hoofbeats, think horse, not zebra." - Theodore Woodward

In child and adolescent psychiatry, we treat a broad spectrum of symptoms, AND *typically*, only a very few causes. We're taught as clinicians all the way back in our first years in medical school, to start with the most common and most likely explanation. Child psychiatry I think has strayed a bit from this core idea. The overwhelming hoofbeat in child and adolescent psychiatry is anxiety. It underlies a very broad array of symptoms and presentation and is so often overlooked or misconstrued.

BUT WHY?

Anxiety masquerades as many other things in childhood and adolescence, and if we focus on symptoms of distress and not causes of suffering, we're bound to miss the core issue, more often than not, the real hoofbeat - anxiety. And when we focus on treating symptoms and not causes, we inevitably play whack-a-mole, knocking down one symptom with one medication trial or therapeutic intervention only to have a different symptom pop up in its place elsewhere. I can't tell you the number of children and adolescents I've seen on very strong antipsychotic medications targeting things like aggression or bipolar disorder. An all-too common example:

A parent comes to a provider and reports 'my 13 year old son just punched a hole in the wall, and all I said was you have to do your homework'.

And inevitably they're put on a medicine for punching holes in walls.

What if we understood instead that that same 13-year-old, was feeling like he was not a good enough student, or that unless he got a perfect score, he'd be a disappointment. No longer does it make sense to treat him for hole in the wall-*itis*, but that's unfortunately becoming more of the rule and not the exception. That child might even be given a diagnosis of bipolar disorder with an aggressive outburst – an inaccurate diagnosis that will stay with that child unless someone takes the time to understand the root cause of the behavior.

'My child can't seem to focus in math, they're distractable, can't seem to focus and their grades are declining'.

The provider, as you might guess, prescribes a stimulant for ADHD.

An example I give (as frequently as ADHD is misdiagnosed) is...picture yourself walking through a jungle, knowing at any moment a tiger might jump out and eat you. While walking in that jungle, you'd probably not do the best on your math homework, but does that mean you have ADHD? Inattention is certainly the symptom, let's dig a little deeper and understand a far more common cause. Let's say now, that the same inattentive child is struggling with their sense of self, and they're hypervigilant to how their peers are experiencing them, or how their doing socially or scholastically; do they have the teacher's or parents' approval or their own approval, should they not meet their own expectation.





The Masks We Wear (cont.)

Pulling back now, do they have an attention issue or an anxiety and sense of self issue? I know one thing, they're unfortunately all too likely to end up on the whack-a-mole train of stimulant after stimulant (which unfortunately frequently worsens anxiety).

There are a multitude of reasons we've gotten here - as a field of child psychiatry and as a culture of treatment and not prevention, I'd like to use our time here to arm you with a different idea of what gets in the way of your child's well-being.

There is only one thing that humans will trade for happiness, they will trade this indefinitely until they have it, I promise. That one thing is safety or predictability.

We have a saying that suffering is *there and then* and well-being is *here and now*.

When we don't feel safe and feel that the world is predictable, we work to make it so, we go into over-planning, and experience anticipatory anxiety, and we white-knuckle life.

In childhood and very much so in adolescence, we have a burgeoning sense of self. Selfhood, our ideas about who and what we are, and how we can rely on ourselves when there are bumps in the road is what allows us to feel *durably* safe. In compassion training, we call this equanimity...no matter how high the waves get your boat stays nice and even. And it turns out, this equanimity is dependent on your feelings of selfhood and self-compassion.

Whatever kind of therapy is used – CBT, DBT, CBCT, ACT - we can reduce it to this: we have very little control of our world, and we have way more control of our *experience* of the world. This is the only true durable home of equanimity, or the shelter from the need to white-knuckle life. It is the anchor we all need.

In the face of exponentially increasing pressures, expectations and judgments, concurrent with less and less real life connections, potshots on social media from halfway across the world on social media about who they are, kids are struggling to find themselves. So my wish for you, the reader, is to be curious about the internal experience when you see symptoms because a repeating stomach ache on school days might be, well a stomach ache, but so often it's something more.

We wear lots of masks, often in service of protecting ourselves from uncertainty. Those masks reveal themselves through our behavior and symptoms. Don't be fooled by the masks; look behind them and be curious about the internal experience that these masks might obscure.



CRISIS RESOURCES

If you feel you or someone you know may harm themselves or someone else:

- **988** Suicide and Crisis Lifeline: **988**
- The Trevor Lifeline for LGBTQIA + Youth : **1-866-488-7386**
- Veterans Crisis Line: **Dial 988 and Press 1**
- **Dial 211:** 211 provides callers with information about and referrals to social services for every day needs and in times of crisis

For more information or to get help:

- National Domestic Violence Hotline at **1-800-799-SAFE**
- National Sexual Assault Hotline at **1-800-656-HOPE**
- Rape, Abuse & Incest National Network (RAINN)
24/7 Hotline **1-800-656-4673**

Website:

[Atlantichhealth.org](https://atlantichhealth.org)



Atlantic Behavioral Health

ACCESS Center:

888-247-1400

Atlantic Behavioral Health Crisis Intervention

Services **24/7 Hotlines:**

Chilton Medical Center: 973 – 831 – 5078


Hackettstown Medical Center 908 – 454 – 5141

Morristown Medical Center: 973 – 540 – 0100

Overlook Medical Center: 908 – 522 – 3586

Newton Medical Center: 973 – 383 – 0973

Email: Nomorewhispers@atlantichhealth.org

 **Atlantic Health System**
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